

LITTLE TRAVERSE BAY BANDS OF ODAWA INDIANS FOOD DISTRIBUTION PROGRAM

7500 Odawa Circle Harbor Springs, MI 49740 Telephone: (231) 242-1626 Fax: (231) 242-1635

ZERO INCOME FORM

In order to accurately determine eligibility OR to continue participation in the Food Distribution Program, ALL persons 18 years of age or older who have not received income during the 30 days prior to scheduled distribution, MUST complete this form. (Example: In order to participate in the August distribution, you are required to submit a "0" Income Form for the month of July in order to be eligible to participate in August distribution)

HEAD OF HOUSEHOLD: _____ FOR MONTH OF: _____

HOUSEHOLD MEMBER
COMPLETING THIS FORM: _____ SOCIAL
SECURITY #: _____**PROVIDING BASIC NECESSITIES FOR HOME**

Other than the Food Distribution Program, what other resources would you use to get food for your home?

How are your utility bills being paid?

How is your rent/mortgage being paid?

ANTICIPATED EMPLOYMENT

Are you currently seeking employment?

☐ No, I don't expect to be employed within the next month. Explain: _____☐ Yes, I will be employed within the next month.

Anticipated start date: _____ Where? _____ Wage: _____

A copy of all pay stubs must be submitted once wages are received.**CERTIFICATION STATEMENT**

I certify that I have read and understand this form. I certify that the information I provided is true and correct to the best of my knowledge. I understand that I must complete the form for each month in which I do not receive income.

I authorize the verification of the information provided on this form.

Signature of household member completing this form _____ Date _____

OFFICE USE ONLY*Received Stamp*_____
Signature of person accepting application